



Thrive

DEPRESSION

**A handbook for
caregivers on
Depression**



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1 Introduction

Ever had a bad day?

It is becoming more and more common today for us to just moan about a really bad day at work, or that we're just 'too stressed out', or that we're in a 'really bad mood', as we often tell our friends in a passing, casual way. We use 'stressed' and 'depressed' as frequently as we use bad language or negative words.

In November 2011, The Straits Times reported that recent studies show that more than one in every ten people in Singapore will be stricken by mental illnesses in their lifetime. The most common illness is depression, followed by alcohol abuse and obsessive-compulsive disorder (OCD). They went on to say that depression is projected to affect 170,000 adults, with more women affected than men.

Interestingly, depression can strike people at quite young ages starting from their early 20's. Two in three people will never seek help and even if they eventually step forward to seek help, it can take them years to do so.

Silver Ribbon web pages inform us that an adult in Singapore has 5.6 percent likelihood of suffering from depression in his or her lifetime, according to the 2004 National Mental Health Survey.

2 Depression

2.1 What exactly is depression?

Depression is "extreme discouragement to the point of becoming disabled".

It is normal for people to feel sad once in awhile, but usually these feelings are temporary. Depression is a feeling of intense sadness and loneliness over a long period of time, accompanied by a sense of hopelessness and inadequacy. Someone suffering from depression will lack of energy and have difficulty in maintaining an interest in life. Depression affects people irrespective of gender, as well as all races, incomes, ages, and ethnic and religious backgrounds.

It is twice as common in women as compared to men, and three to five times more common in the elderly than in young people. Hopelessness, which is a symptom of depression, can cause the sufferer to feel defeated and paralysed. While many of us may not be clinically depressed, a number of us have probably experienced something somewhere on the spectrum of depression. And while it's easy to suggest that someone just "snap out of it", getting to the heart of a despairing soul requires patience, compassion, and, above all, help.

Let's understand what depression really is.

A depressive illness is a 'whole body' disorder that involves one's physiology, biochemistry, mood, thoughts and behaviour. It affects the way you think and sleep, the way you think and feel about yourself, others and the world. Clinical depression is not a passing blue mood, or a sign of personal weakness. Subtle changes in the brain's chemistry can create a terrible disorder that affects every dimension of your being – body, mind, and spirit.

Specialists say that 35 percent of depression cases are genetically influenced, while the other 65 percent are caused by environmental factors.

Depression is called the common cold of mental illness, not because of its mild symptoms, but because the disease is so widespread across cultures. At the same time, it is the most diagnosed mental health disorder in the US and the most lethal. (6 percent of untreated depressive episodes result in suicide attempts).

Depression is more than just a low mood – it's a serious illness. While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time and often without reason. People with depression find it hard to function everyday and may be reluctant to participate in activities they once enjoyed.

Depression has always existed since ancient times and although it is a serious illness, it is still highly treatable. Unfortunately and sadly, majority of people with depression do not seek help because the symptoms are unrecognized, misdiagnosed, or because the individual is deterred by the stigma associated with a diagnosis of mental illness.

That's why this book was written with you in mind. You may think you are just an ordinary person, but you may just be the one that is in contact with a friend or a family member who is depressed or heading that way.

2.2 Signs, Symptoms and causes of depression

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms while others experience many. The seriousness of symptoms also varies from person to person. Here are some commonly seen symptoms of depression.

1. Preoccupation with negative thoughts, particularly in the morning
2. Having a bleak view of the future
3. Being restless and irritable
4. Sleeping badly, often with excessive dreaming
5. Exhaustion
6. Abnormal eating, leading to weight loss or gain
7. Feeling very emotional and crying often
8. Difficulty concentration, making decisions and remembering things
9. Poor motivation
10. Loss of interest in activities you used to enjoy
11. Feelings of guilt and worthlessness
12. Anxiety (emotional and physical symptoms in anticipation of real and imagined danger)
13. Helplessness and desperation
14. Low expectations of improvements in your mood (no "light at the end of the tunnel")
15. Physical aches and pains without apparent cause
16. Self-harm, suicidal thoughts or actions

2.3 Factors affecting depression

Many factors may contribute to depression including:

- **A family history** of depression
- **Hormonal changes** (in women and men)

- **Emotional stress** (e.g. bereavement, job loss, relationship breakdown)
- **Medicines** (e.g. some cancer and heart medicines)
- **Medical conditions** – such as thyroid and other hormone problems, or battling a chronic or terminal illness
- **Personality** – the type of person you are and how you respond to life event
- **Social support** – a lot of this revolves around the kind of people you are surrounded with, and whether you have sufficient supportive family and friends to cope with challenges
- **Life changes** – major life events such as the birth of a baby may increase the risk of developing depression

2.4 Types of depression

2.4.1 Major depression

Major depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer. This is characterised by a combination of symptoms that last for at least two weeks in a row. Disabling episodes of depression can occur once, twice, or several times in a lifetime.

2.4.2 Dysthymic disorder or dysthymia

Dysthymic disorder is characterised by long-term (2 years or longer) symptoms that may not be severe enough to disable a person, but can prevent normal functioning at ‘full-steam’ or feeling good. People with dysthymia may also experience one or more incidences of major depression during their lifetimes.

2.4.3 Bipolar disorder (manic depression)

Bipolar disorder shows a particular pattern of inheritance. Less common than the other types of depression, bipolar disorders involve cycles of ‘highs’ (mania) and ‘lows’ (depression). Bipolar disorders are often prolonged and repeated. Sometimes, the mood switches are dramatic and rapid, but most often they progress slowly.

2.4.4 Minor depression

Minor depression is characterised by having symptoms that last for 2 weeks or longer, and they do not meet the full criteria for major depression. Without treatment, minor depression may turn into major depressive disorder.

Some forms of depression are slightly different, or they may develop under unique circumstances. They include:

- **Psychotic depression**, which occurs when a person has severe depression plus some form of *psychosis**, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that are not there (hallucinations).

* *Psychosis* – a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.

- **Postpartum depression**

Postpartum depression is more serious than the "baby blues" that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.

- **Seasonal affective disorder (SAD)**

SAD characterised by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, antidepressant medication, and psychotherapy

2.5 *Causes of depression*

- **Heredity:** some types of depression, especially bipolar disorders, has a higher chance of being inherited but people who do not have a family history of depression can still get depression.
- **Genetic:** some scientists have done research that indicates depression can be caused by a combination of genes.
- **External events,** trauma or a loss of a loved one or other unwelcomed events may trigger depression. Depressive disorders may occur without any obvious or significant trigger as well.
- **Medication:** certain medications may also cause depression as a side effect.
- **Medical Conditions:** certain medical conditions can cause the onset of depression. Common ones include: low thyroid function, brain injuries and diseases (e.g. stroke, heart disease, head injury, epilepsy, Parkinson's Disease), some forms of cancer , infectious diseases, blood vessel disease in the brain due to diabetes and/or hypertension, some steroid and hormonal treatments, anaemia, chronic pain, quitting smoking.
- **Personality:** those who have traits like negative thinking, pessimism, excess worry, low self-esteem, oversensitivity towards perceived rejection, overdependence on others, a sense of superiority or alienation from others, and ineffective responses to stress tend to be more prone to depression.
- **Substance Abuse:** while it has long been believed that depression caused people to misuse alcohol and drugs in an attempt to make themselves feel better (self-medication), it is now thought that the reverse can also be the case; substance abuse can actually cause depression.
- **Diet:** deficiencies in certain vitamins, such as folic acid and B-12, may cause depression.

2.6 *How do you know if someone is depressed*

Depression checklist

How do you know if a person is depressed and not just sad? A person may be depressed, if **for more than two weeks** if they have:

- felt sad, down or miserable most of the time

OR

- have lost interest or pleasure in most of their usual activities.

AND

Have experienced a number of these symptoms:

Behaviour

- Stopped going out
- Not getting things done at work
- Withdrawing from close family and friends
- Relying on alcohol and sedatives
- No longer doing things they once enjoyed
- Unable to concentrate

Thoughts

- “I’m a failure.”
- “It’s my fault.”
- “Nothing good ever happens to me.”
- “I’m worthless.”
- “Life’s not worth living.”

Feelings

- Overwhelmed
- Guilty
- Irritable
- Frustrated
- No confidence
- Unhappy
- Indecisive
- Disappointment
- Miserable

- Sad

Physical

- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Loss or change of appetite
- Significant weight loss or gain

In most cases, depression will go on for weeks or months if left untreated. If it isn't properly treated, depression is highly likely to recur.

2.7 The road of depression

Depression is an illness and cannot be controlled. It is indeed tough for the person going through the illness as well as hard on the family and friends closest to the one suffering. But, the fact remains, that depression can be treated.

3 You might want to know

3.1 Who can get affected by Depression?

Depression is indeed very common among young people and adults today. According to Weekend Today, dated 7 Aug 2010, the number of new depression cases in Singapore seen at the Institute of Mental Health has been rising: from 1,193 in 2005, to 1,622 in 2007, and 1,847 cases last year. On average, one in five females and one in eight males will experience depression in their lifetime.

3.1.1 Depression in Women

Depression is more common among women than among men. Certain biological, life cycle, hormonal, and psychosocial factors affect only by women, and may be linked to this gender having a much higher depression rate.

Women are especially vulnerable to developing postpartum depression after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be too much to handle.

Some women may also have a severe form of premenstrual syndrome (PMS) called premenstrual dysphoric disorder (PMDD) which is associated with the hormonal changes that typically occur around ovulation and before menstruation begins.

During the transition into menopause, some women experience an increased risk for depression. In addition, osteoporosis – bone thinning or loss – may be associated with depression.

Finally, many modern women face the additional stresses of being a working woman as well as mother and caregiver which may lead to depression if not handled well.

3.1.2 Depression in Men

Men often experience depression differently from women. While women with depression are more likely to have feelings of sadness, worthlessness and excessive guilt, men are more likely to be very tired, irritable, lose interest in once pleasurable activities and have difficulty sleeping.

Men have a higher likelihood than women to turn to alcohol or drugs when they are depressed. They also may become frustrated, discouraged, irritable, angry, and sometimes abusive. Some men throw themselves into their work to avoid talking about their depression with family or friends, or behave recklessly.

3.1.3 Depression in Older Adults

Depression is not a normal part of aging. Studies show that most seniors feel satisfied with their lives, despite having more illnesses or physical problems. However, when older adults do have depression, it may be overlooked because seniors may show different, less noticeable symptoms. They may be less likely to experience or admit to feelings of sadness or grief.

Sometimes it can be difficult to distinguish grief from major depression. Grief after loss of a loved one is a normal reaction and generally does not require professional mental health treatment. However, grief that is complicated and over a long period of time following a loss may require treatment.

Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression.

3.1.4 Depression in Children

Children can also develop depression. They often continue to have depression and other severe illnesses as they enter adulthood.

A child with depression may pretend to be sick, refuse to go to school, cling to a parent or worry that a parent may die. Older children may sulk, get into trouble at school, be negative and irritable and feel misunderstood. It may be difficult to accurately diagnose young people with depression as it may be confused with the typical mood swings children get as they mature.

Before puberty, boys and girls are equally likely to develop depression. But by age 15, girls are twice as likely as boys to have had a major depressive episode.

Depression during the teen years comes at a time of great personal change – when boys and girls are forming an identity apart from their parents, grappling with gender issues and emerging sexuality, and making independent decisions for the first time in their lives. Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. It can also lead to increased risk for suicide.

3.2 Depression statistics in SG

Current statistics tell us that in Singapore alone, there is a death each day by suicide. HPB web pages tell us that depression is one of the world's most common mental health problems and is faced by over 121 million people worldwide. In Singapore alone it is estimated that 5.6 percent of the population are affected by depression during their lifetime.

4 Stigmatising depression

Many of us are aware there are many taboos attached to people who are affected by depression in our society today. Alongside all of that, there is so much material emerging out that can help people positively improve their lives. In order to make a difference and be the change in our society today, we need to put ourselves in their shoes and consciously be the 'eyes and ears' in the community to reach to out proactively to those who are in need.

5 Helping others with depression – Being a caregiver

What is a caregiver? How can caregivers be affected?

A caregiver is someone who provides care for another who is not maybe not well enough to take care of him/herself.

Maybe you did not choose to be a caregiver. Maybe your loved one/family member faces this and you don't claim to do much except just be there for that person.

You have to know today that your role is valuable, and your role can make a huge part in helping your loved one.

5.1.1 Helping Others with Depression

It's not always easy to help someone who may be experiencing depression. It can be hard to know what to say or do. Below are some guidelines:

- Often, the simple act of spending time with the person lets them know someone cares and understands them.
- Take it seriously if they talk about suicide and consult a medical adviser.
- Take care of the little tasks.
- Understand depression.
- Encourage the person to seek professional help from their family doctor or a mental health worker.
- Take care of yourself. Supporting someone with depression can be demanding and depression can be ‘contagious’. Family and friends (caregivers) should take 'time out' to look after themselves.
- Make a plan for them to help cope with depression.
- Explain to them that asking for help is not weak, and it takes courage and wisdom.

5.1.2 Understanding depression in a friend or family member

- **Depression is a serious condition.** Don't underestimate it. It will drain a person's energy, optimism, and motivation. Your depressed loved one can't just “snap out of it” by sheer force of will.
- **The symptoms of depression aren't personal.** Depression makes it difficult for a person to connect on a deep emotional level with anyone, even the people he or she loves most. They might say hurtful things and lash out in anger. Remember that this is the depression talking, not your loved one, so try not to take it personally. Separate the illness and the person.
- **Hiding the problem won't make it go away.** Don't be an enabler. It doesn't help anyone involved if you are making excuses, covering up the problem, or lying for a friend or family member who is depressed. In fact, this may keep the depressed person from seeking treatment.

- **You can't "fix" someone else's depression.** Don't try to rescue your loved one from depression. It's not up to you to fix the problem, nor can you. You're not to blame for your loved one's depression or responsible for his or her sadness. Ultimately, recovery is in the hands of the depressed person.

5.1.3 How to talk to a loved one about depression

Sometimes it is hard to know what to say when speaking to a loved one about depression. You might fear that if you bring up your worries he or she will get angry, feel insulted, or ignore your concerns. You may be unsure what questions to ask or how to be supportive.

If you don't know where to start, the following suggestions may help. **But remember that being a compassionate listener is much more important than giving advice.** Encourage the depressed person to talk about his or her feelings, and be willing to listen without judgment.

And don't expect a single conversation to be the end of it. Depressed people tend to withdraw from others and isolate themselves. You may need to express your concern and willingness to listen over and over again. Be gentle, yet persistent.

Listen non-judgmentally to what the person says - when a person wants to talk, they're not always seeking advice, but just need someone to talk about their concerns to. Be patient and do not interrupt.

Maintain eye contact and sit in a relaxed position - positive body language will help both people feel more comfortable.

Use open-ended questions like "So tell me about...?" which require more than a 'yes' or 'no' answer. This is often a good way to keep the conversation going.

If conversation becomes difficult or if the person suffering from depression gets angry, stay calm, be firm, fair and consistent and don't lose control.

5.1.4 Ways to start the conversation:

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you have seemed pretty down lately.

5.1.5 Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Do you ever feel so bad that you don't want to be anymore?
- Have you thought about getting help?

Remember, being supportive involves offering encouragement and hope. Very often, this is a matter of talking to the person in a language that he or she will understand and respond to while in a depressed mind frame.

5.1.6 Ways to Help

1. Assess pain
2. Identify the source and extent of depression
3. Review medication
4. Consider supportive psychotherapy
5. Examine the way the person deals with loss
6. Consider social, psychological and spiritual needs

5.1.7 What you can say that helps:

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.

- When you want to give up, tell yourself you will hold on for just one more day, hour, or even minute – whatever you can manage.
- You are important to me. Your life is important to me.
- Tell me what I can do now to help you.

5.1.8 Avoid saying:

- It's all in your head.
- We all go through times like this.
- Look on the bright side.
- You have so much to live for why do you want to die?
- I can't do anything about your situation.
- Just snap out of it.
- What's wrong with you?
- Shouldn't you be better by now?

5.1.9 Positive Things to Say to Someone Who Is Depressed

It is not always easy to know what to say when a person you care about is clinically depressed. Here are some words to say that will show your support, while acknowledging the person's right to feel his or her feelings.

1. "I love you!"
2. "I care."
3. "You're not alone in this."
4. "I'm not going to leave/abandon you."
5. "Do you want a hug?"
6. "When all this is over, I'll still be here and so will you."
7. "Would you like to hold my hand and talk about it?"
8. "I can't fully understand what you are feeling, but I can offer my compassion."
9. "I'm sorry you're in so much pain."
10. "I have empathy for what you are going through."

11. "I am not going to leave you. I am going to take care of myself, so you don't need to worry that your pain might hurt me."
12. "I can't imagine what it's like for you. I just can't imagine how hard it must be."
13. "You are important to me."
14. "If you need a friend, I am here."

5.2 A note to caregivers

It is not easy being a caregiver, and even as you reach out to care for your loved one, may we gently remind you to take good care of yourself first. Remember, just as the safety procedure in the aircrafts, when you are on a flight, you are always advised to make sure of your own safety first before you attend to the one near you.

Tips for taking care of yourself

- **Speak up for yourself.** You may be hesitant to speak out when the depressed person in your life upsets you or lets you down. However, communicating will actually help the relationship in the long run. If you're suffering in silence and letting resentment build, your loved one will pick up on these negative emotions and feel even worse. Gently talk about how you're feeling before pent-up emotions make it too hard to communicate with sensitivity.
- **Set boundaries.** You can help, but remember to set boundaries, as your own health will suffer if you let your life be controlled by your loved one's depression. You can't be a caretaker round the clock without paying a psychological price. To avoid burnout and resentment, set clear limits on what you are willing and able to do. You are not your loved one's therapist, so don't take on that responsibility.
- **Stay on track with your own life.** While some changes in your daily routine may be unavoidable while caring for your friend or relative, do your best to keep appointments and plans with friends. If your depressed loved one is unable to go on an outing or trip you had planned, do ask a friend to join you instead.
- **Seek support.** You are NOT betraying your depressed relative or friend by turning to others for support. Joining a support group, talking to a counsellor or clergyman, or confiding in a trusted friend will help you get through this tough time. You don't need to

go into detail about your loved one's depression or betray confidences; instead, focus on your emotions and what you are feeling. Make sure you can be totally honest with the person you turn to – no judging your emotions!

5.2.1 **If your friend or family member resists getting help for depression:**

- **Suggest a general check-up with a physician.** Your loved one may be less anxious about seeing a family doctor than a mental health professional. A regular doctor's visit is actually a great option, since the doctor can rule out medical causes of depression. If the doctor diagnoses depression, he or she can refer your loved one to a psychiatrist or psychologist. Sometimes, this "professional" opinion makes all the difference.
- **Offer to help your depressed loved one find a doctor or therapist and go with them on the first visit.** Finding the right treatment provider can be difficult, and is often a trial-and-error process. For a depressed person already low on energy, it is a huge help to have assistance making calls and looking into the options.
- **Encourage the person to make a thorough list of symptoms and ailments to discuss with the doctor.** You can even bring up things that you have noticed as an outside observer, such as, "You seem to feel much worse in the mornings" or "You always get stomach pains before work".

5.3 *Supporting the depression treatment process*

One of the most important things you can do to help a friend or relative with depression is to give your unconditional love and support throughout the treatment process. This involves being compassionate and patient, which is not always easy when dealing with the negativity, hostility, and moodiness that go hand in hand with depression.

- **Provide whatever assistance the person needs (and is willing to accept).** Help your loved one make and keep appointments, research treatment options, and stay on schedule with any treatment protocols.
- **Have realistic expectations.** It can be frustrating to watch a depressed friend or family member struggle, especially if progress is slow or stopped. Having patience is important. Even with the best treatment, recovery from depression doesn't happen overnight.

- **Lead by example.** Encourage your friend or family member to lead a healthier, mood-boosting lifestyle by doing it yourself: maintain a positive outlook, eat better, avoid alcohol and drugs, exercise, and lean on others for support.
- **Encourage activity.** Invite your loved one to join you in uplifting activities, like going to a funny movie or having dinner at a favourite restaurant. Exercise is especially helpful, so try to get your depressed loved one moving. Going on walks together is one of the easiest options. Be gently and lovingly persistent—don't get discouraged or stop asking.
- **Pitch in when possible.** Seemingly small tasks can be hard for a depressed person to manage. Offer to help out with household responsibilities or chores, but only do what you can without getting burned out yourself!

So what does this journey entail? The road of depression may be long, dark and bleak . But like all things, it too shall pass. What is important is to hope and believe that things will change for the better. It's important that we keep our heads up because no matter what, there is always hope!

Hope is to our spirits what oxygen is to our lungs. Lose hope and you die. They may not bury you for a while, but without hope you are dead inside. The only way to face the future is to fly straight into it on the wings of hope...hope is the energy of the soul. Hope is the power of tomorrow. ~Lewis Smedes

6 How you and I can help

Your understanding of the illness and how you relate to the patient can either support or deter his or her ability to get well. Here are some important ways in which you can help the healing process.

- 1) If a friend or family member's activity and outlook on life starts to descend and stays down not just a few days, but for weeks, depression may be the cause. The first way you can be of support is to **help the person to recognise that there is a problem**. This is especially crucial, since many people fail to realise that they are depressed. Begin by encouraging your friend to share his or her feelings with you. Contrary to myth, talking about depression makes things better, not worse. Once it becomes clear that something is amiss, you can

suggest that he or she seek professional help. (This is critical since only one third of people with mood disorders ever receive treatment.)

1. You can be of further support by accompanying your friend to his initial doctor's or therapist's appointment and subsequently monitoring his or her medication. In addition, explain that seeking help for depression does not imply a lack of emotional strength or moral character. On the contrary, it takes both courage and wisdom to know when one is in need of assistance.
- 2) **Educate yourself about the illness**, whether it is depression, manic depression, anxiety, etc. Learn about symptoms of the illness and how to tell when they are improving. Your feedback to the psychiatrist or therapist about how your friend is faring will help him or her to assess if a particular treatment is working.
- 3) **Provide emotional support**. Remember, what a person suffering from depression needs most is compassion and understanding. Exhortations to "snap out of it" or "pull yourself up by your own bootstraps" are counterproductive. The best communication is simply to ask, "How can I be of support?" or "How can I help?"
- 4) **Provide physical support**. Often this means participating with your friend in low-stress activities – taking walks, watching movies, going out to eat – that will provide an uplifting focus. In other instances you can ease the depressed person's burden by helping with the daily routines, such as running errands, doing shopping, taking the kids out for pizza, cooking, vacuuming the carpet, et cetera.
- 5) Encourage your friend to make a list of **daily self-care activities**, and then help them put them into practice.
- 6) **Monitor possible suicidal gestures or threats**. Statements such as "I wish I were dead", "The world would be better off without me", or "I want out" must be taken seriously. The belief that people who talk about suicide are only doing it for the attention is just plain wrong. If the person you care about is suicidal, make sure that his or her primary care doctor is informed. Don't be afraid to talk with the person about his or her suicidal feelings. Meanwhile, hold on to the possibility that your loved one will get better, even if he or she does not believe it.
- 7) **Don't try to talk the depressed person out of his feelings**, even if they are irrational. Suppose the depressive says, "My life is a failure", "Life is not worth living", or "All is

hopeless". Telling him he is wrong, or arguing with him will only add to his demoralised state. Instead, you might want to say, "I'm sorry that you are feeling so bad. What might we do right now to help you feel better?"

- 8) **Maintain a healthy detachment.** You may become frustrated when your well-meaning advice and emotional reassurance are met with resistance. Do not take your loved one's pessimism personally – it is a symptom of the illness. When the light you shine is sucked into the black hole of depression, you may become angry or disgusted. Direct your frustration at the illness, not the person. People who suffer from depression complain that their families' resentment over their condition often leads to neglect or outright hostility.
- 9) If prayer is something you believe in, and then **pray for your friend's healing.** Turn his or her welfare over to the care of a Higher Power. In addition, you may wish to place his or her name on any prayer lists that you can locate. Prayer goes directly to a person's unconscious where it will not meet the negative thinking so commonly found in depression. To respect the person's confidentiality, it is best to pray privately. Moreover, if you put a loved one's name on a prayer list, use first name only.
- 10) **Establish communication with other people** in the person's support network – e.g. family members, friends, physicians, therapists, social workers, clergy, et cetera. By talking to other caregivers, you will obtain additional information and perspective about the depressed person. If possible, arrange for all of the caregivers to meet together in one room for a brainstorming/support session. In this way, you will be working as part of a team, and not in isolation.
- 11) **Take good care of yourself and your needs.** It is easy to get immersed in your friend's care and lose your own sense of self. You may also experience "contagious depression" (i.e. taking on the other person's depressive symptoms), or you may get your own issues triggered. Here are some ideas on how to "inoculate" yourself so that you can stay centred enough to truly help:
 - *Take good care of your body.* Make sure that you are getting adequate food and rest.
 - *Find a safe place to process your feelings.* In the role of being a caregiver, you may feel powerless, helpless, worried and scared (when you hear talk of suicide), or resentful and frustrated (at your inability to heal the pain). Or, you may fear being pushed over the precipice into your own depression. Process your frustrations and fears with a

trained therapist or a friend; you will be less likely to dump your negative mood (anger, fear or sadness) on the person who is suffering. Remember, it is okay to have negative thoughts as long as you don't act on them.

- *Maintain your routine as much as possible.* Although you may need to adjust your work schedule or other routines to accommodate helping a depressed person, keep your life as regular as possible. Don't become so involved that you lose touch with friends and social support.
- *Learn to set limits,* especially when you are feeling overwhelmed by the depressed person's pain and tales of woe. To avoid burning out or experiencing hostility towards the depressed person, encourage him or her to seek professional help. Your role is that of a friend or family member, not a therapist or a medical doctor.
- *Take breaks.* When you start to feel emotionally or physically drained, ask other friends and support people to relieve you. Then do things to nurture yourself.
- *Continue to pursue activities that bring you pleasure.* Having fun will replenish you so that you can keep on giving.
- *Give yourself credit for all that you are doing* - and realize that you cannot do everything. No matter how much you love another person, you cannot take responsibility for his or her life. Try to distinguish between what you can control (your own responses) and what you cannot (the course of the illness). To this end, you may wish to meditate on AA's "Serenity Prayer".
- *Attend support group meetings* for families who are dealing with mental illness. The local chapters of the following organizations can provide you with times and locations of such groups.

- 12) **Finally, encourage the person you are caring for to create a support system** of other caring people, or help him or her to do so. It takes a whole village to see someone through a dark night of the soul. You cannot transform the illness of depression by yourself, but you can be an integral part of the healing process.

7 The treatment plan

Diagnosis and Treatments

The earlier that treatment can begin, the more effective it is.

The first step is to visit a doctor or mental health specialist. If the doctor can find no medical condition that may be causing the depression with a series of medical tests, the next step is a psychological evaluation. The doctor may refer you to a mental health professional, who should discuss with you any family history of depression or other mental disorder, and get a complete history of your symptoms. You should discuss when your symptoms started, how long they have lasted, how severe they are, and whether they have occurred before and if so, how they were treated. The mental health professional may also ask if you are using alcohol or drugs, and if you are thinking about death or suicide.

Once diagnosed, a person with depression can be treated in several ways.

7.1 Drug Treatment

Medications are chosen based on the type of depression and the side effect profile. By about two months, most symptoms would have disappeared. The medications should be continued for 9 to 12 months after remission of symptoms. Premature discontinuation of treatment even in the absence of symptoms may lead to relapses several months later.

7.2 Medication/Antidepressants

Antidepressants are indicated for adults with moderate to severe depression, when there is evidence of melancholic depression (with anhedonia, psychomotor retardation), when counselling or psychotherapy has not been totally effective, or when the past history of the person suggests their depression is usually responsive to medication. Patients should be reviewed weekly until significant response is achieved to ensure engagement in treatment, and to address side effects. Once begun, medication dose should be increased, changed or augmented if there is no partial response by 4 – 6 weeks or full remission by 10 – 12 weeks. Specialist psychiatric advice is appropriate when changing or combining drugs. Antidepressants should be continued

for at least 4 to 9 months after depressive symptoms have remitted. Patients who have two or more episodes in a 5-year period may be considered for continuing maintenance antidepressant therapy. Some form of psychological therapy, in addition to medication, will improve recovery and reduce relapse. For adolescents with depression, antidepressants can be used if indicated but, because of safety concerns, are not considered first-line treatment.

7.3 Psychotherapy

Psychotherapy can be used alone (without medication) for mild or moderate depression, depending on patient preference. Treatment should be given for 12 weeks in the first instance. Partial response should be expected within 4-6 weeks and full remission within 10-12 weeks. Antidepressant medication is required for severe depression, or when recovery with psychotherapy is incomplete (i.e. when depressive symptoms persist).

Cognitive therapy focuses particularly on the cognitions that lie behind the emotional state, and is particularly appropriate for people expressing depressed cognitions – pointlessness, hopelessness, unworthiness and pessimism. Combined with Behavioural Activation, it is referred to as Cognitive-Behaviour Therapy (CBT).

Interpersonal Therapy is a short-term therapy focusing on the interpersonal issues associated with grief and loss, role transition (e.g. retirement) and role disputes. CBT and brief interpersonal or dynamic psychotherapies are effective in the treatment of depression.

7.4 Electroconvulsive Therapy (ECT)

ECT is the most effective treatment for depression where rapid reduction of symptoms is required. Thus it could be life-saving for those who are suicidal, with depressive stupor or who cannot tolerate the side effects of medication. A patient is put under brief anaesthesia* and given a muscle relaxant. He or she sleeps through the treatment and does not consciously feel the electrical impulses. Within 1 hour after the treatment session, which takes only a few minutes, the patient is awake and alert.

** Anaesthesia – a drug that causes you to be insensitive to pain*

During the ECT procedure, an electric current is passed through the brain to produce controlled convulsions (seizures).

Why is electroconvulsive therapy performed?

ECT is useful for certain patients with significant depression, particularly for those who cannot take or are not responding to antidepressants, have severe depression, or are at a high risk for suicide. ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms.

How does electroconvulsive therapy work?

This procedure probably works by a massive neurochemical release in the brain due to the controlled seizure. Highly effective, ECT relieves depression within 1 to 2 weeks after beginning treatments. After ECT, some patients will continue to have maintenance ECT, while others will return to antidepressant medications.

How electroconvulsive therapy performed today and what is are the side effects?

In recent years, the technique of ECT has been much improved. The treatment is given in the hospital under anaesthesia so that people receiving ECT do not feel pain. Most patients undergo 6 to 10 treatments. An electrical current is passed through the brain to cause a controlled seizure, which typically lasts for 20 to 90 seconds. The patient is awake in 5 to 10 minutes. The most common side effect is short-term memory loss, which resolves quickly. After the initial course of treatment, ECT can be safely done as an outpatient procedure.

7.5 Psychology

Psychological Treatments

Psychological treatments require the patient to talk about their problems, also referred to as 'ventilation'. Psychological approaches work best for people who are able and willing to describe their thoughts and feelings. Types of therapy that may be used for depression include Interpersonal Psychotherapy, Cognitive Behavioural Therapy or Psychodynamic Psychotherapy. What sort of therapy will be administered depending on the skills and expertise available.

Today, there is a wide range of psychological treatments for depression.

Some of the main ones are:

- Cognitive Behaviour Therapy (CBT)
- Interpersonal Therapy (IPT)
- Mindfulness-Based Cognitive Therapy
- Positive Psychology
- Psychotherapies
- Counselling
- Narrative Therapy

Psychological treatments provide either an alternative to medication or work alongside medication. As always, a thorough assessment of the person is needed in order to decide on the best set of approaches.

7.6 Selfhelp

Express your Feelings

Keeping a tight lid on one's feelings will, in the long run, intensify the feelings and drive one to deeper levels of depression. If you have a friend or a confidant, speak to him candidly about how you feel. If not, helplines are available.

Time Management

Take part in activities that you find pleasure in. Set realistic goals and work towards them

Social Interaction

If you have withdrawn from your friends, make some effort to meet up again. Even though you feel like is to keeping to yourself, it is advisable to be in regular contact with friends or family. There is no need to talk about one's problems; just being around with people helps rid one of feelings of isolation and loneliness.

Keep a Diary/Write Letters

This is a way of expressing your feelings. You may not always have friends or family with you, and keeping a diary or writing to yourself can take their place for the time being. You can even write notes to yourself, encouraging yourself as if you were talking to a beloved friend.

Guard your self-talk

Refrain from confessing negative words like “I am useless”. Be more positive, optimistic, and hopeful. It may take effort to keep your language upbeat when you feel down, but making an effort to do so will help change your thinking pattern.

Maintain a Healthy Lifestyle

Exercise releases endorphins, which are in themselves capable of elevating mood. A healthy diet provides nourishment and energy. Having sufficient sleep will also boost your mood.

Support Groups for Patients

A support group can be useful in supporting persons recovering from depression. They will be able to relate with others going through the same ordeal and provide support and encouragement.

Postpone Making Major Decisions

Important decisions need to be objective and made with a clear mind. Depression may cloud one’s judgment.

Continue to Educate Yourself about Depression

Knowledge is power. It will help you learn how to deal with depression.

Volunteer your Time

Helping others will make you feel better about yourself and also creates opportunities to interact with others

Get a Pet

Getting a pet will help keep you active and is great for meeting people.

Learn a New Skill

Choose something that interests you and sparks your imagination and creativity

Stay Away from Alcohol

Drowning your sorrows will not help you overcome depression in the long run.

8 Let's make a change and stop depression

Outlined here are some of the common myths of depression.

Myth 1: Depression is a rare condition

Fact: Depression is actually quite common and it occurs in about 5.6% of Singaporeans.

Myth 2: If I have depression, I will have to be on medication all my life

Fact: Medication will be prescribed to patients for a fixed amount of time, let's say 6 months. After 6 months, their treatment ends and they won't have to take medication anymore. Moreover, research has shown that people can be treated for depression for as little as 24 weeks.

Myth 3: All I need is antidepressants and I won't be depressed anymore!

Fact: Usually, the effects of antidepressants will not be felt for the first 6 weeks or more. In two-thirds of patients, the first medication does not even work. A combination of medication with psychotherapy* is recommended in effectively treating depression.

** Psychotherapy is a general term referring to therapeutic interaction or treatment contracted between a trained professional and a patient*

Myth 3: Depression runs in my family so I'm definitely going to get it!

Fact: While this does increase the risk of you getting depression, the good news is that it is only a slight increase (10 to 15%).

Myth 4: Depression means I'm 'crazy' and weak

Fact: Having depression does not mean that you're 'crazy', it just means you have a concern that is negatively affecting your life. Anybody can get depression, whether weak or strong.

Myth 5: Depression is not a real medical condition and will go away on its own over time if you ignore it

Fact: While for some depression might slowly fade with time, it is usually not the case. Depression is a real medical condition and without treatment, can continue for years. Depression may also lead to suicide and it is the third leading cause of suicide for 18 to 24 year olds. Someone who is depressed should seek medical and physical treatment.

Myth 6: Antidepressants will alter my personality

Fact: It is a scary thought ingesting drugs that change your brain chemistry but antidepressants do not alter your personality and only change certain chemicals that are the underlying cause of depression. People on antidepressants are often happy about feeling themselves again, rather than someone else. Consult your doctor to find out more about the side effects of antidepressants.

Myth 7: It's normal for teenagers to be moody; they cannot really suffer from depression

Fact: Depression can affect ANYBODY. If you're unsure if an adolescent in your life is depressed or just "being a teenager", consider how long the symptoms have been present, how severe they are, and how different the teen is acting from his or her usual self.

Myth 8: Talking about depression will make matters worse

Fact: Talking to a close family member or friend can garner you the support you need to overcome depression.

Myth 9: Depression can only be triggered by tragic events in someone's life

Fact: While this is true, depression can also arise suddenly, even when things seem to be going well in your life.

Myth 10: If someone who is depressed wants help, they will get it on their own. You are breaking their trust if you try to help them.

Fact: Depression drains a person of their energy and self-esteem and interferes with their ability to get help. Depression is very serious and may lead to suicide so it is crucial to get that person treated.

9 In closing

We can all do small things with great love and compassion!

As we come to the end of this book, we can see what a vast need there is for every one of us to reach out into the mental health landscape of our community. Our observations and timely help can really make a difference.

Often it is in the most simplest and smallest of ways, that great things can be done for the closest people to you in your circle of influence. It can be your neighbour, the regular cashier at your nearest grocery store, your schoolmates, your friends at work, your relatives, or your family.

There is hope for depression. It is hope that keeps our mind on the solution and not on the problem. And there is help. But help needs to be received in order for it to bring hope and healing. And many a time, you as a caregiver, can be that agent of help when you step out and take the time to care.